

Bill as Introduced

SB 108 - AS INTRODUCED

2011 SESSION

11-0983
01/05

SENATE BILL **108**

AN ACT relative to emergency obstetrical care.

SPONSORS: Sen. Gallus, Dist 1; Sen. Bradley, Dist 3; Sen. Kelly, Dist 10; Sen. De Blois,
Dist 18; Rep. Pettengill, Carr 1; Rep. Chandler, Carr 1

COMMITTEE: Judiciary

ANALYSIS

This bill grants immunity to physicians who render emergency care to pregnant women under certain circumstances.

Explanation: Matter added to current law appears in *bold italics*.
Matter removed from current law appears [~~in brackets and struckthrough.~~]
Matter which is either (a) all new or (b) repealed and reenacted appears in regular type.

STATE OF NEW HAMPSHIRE

In the Year of Our Lord Two Thousand Eleven

AN ACT relative to emergency obstetrical care.

Be it Enacted by the Senate and House of Representatives in General Court convened:

1 1 New Section; Physicians and Surgeons; Emergency Obstetrical Care. Amend RSA 329 by
2 inserting after section 25-a the following new section:

3 329:25-b Emergency Obstetrical Care; Immunity From Civil Liability. A physician credentialed
4 to provide obstetrical care who renders emergency obstetrical care in a licensed health care facility to
5 a female in active labor where the female has not previously been cared for in connection with the
6 pregnancy by such physician, person in the group practice, a midwife, physician assistant or
7 advanced registered nurse practitioner with whom the physician has an agreement to attend the
8 labor and delivery, shall not be liable for any damages or injuries caused by conduct prior to the
9 rendering of the emergency-obstetrical care. The immunity granted under this section shall apply
10 only to the emergency medical care provided.

11 2 Effective Date. This act shall take effect January 1, 2012.

SB 108 - AS AMENDED BY THE SENATE

03/09/11 0417s

2011 SESSION

11-0983
01/05

SENATE BILL **108**

AN ACT relative to emergency obstetrical care.

SPONSORS: Sen. Gallus, Dist 1; Sen. Bradley, Dist 3; Sen. Kelly, Dist 10; Sen. De Blois, Dist 18; Rep. Pettengill, Carr 1; Rep. Chandler, Carr 1

COMMITTEE: Judiciary

AMENDED ANALYSIS

This bill grants immunity to physicians, advanced practice registered nurses, midwives, or physician assistants who render emergency care to pregnant women under certain circumstances.

Explanation: Matter added to current law appears in ***bold italics***.
Matter removed from current law appears ~~[in brackets and struck through.]~~
Matter which is either (a) all new or (b) repealed and reenacted appears in regular type.

SB 108 - AS AMENDED BY THE SENATE

03/09/11 0417s

11-0983
01/05

STATE OF NEW HAMPSHIRE

In the Year of Our Lord Two Thousand Eleven

AN ACT relative to emergency obstetrical care.

Be it Enacted by the Senate and House of Representatives in General Court convened:

1 1 New Section; Emergency Obstetrical Care; Immunity From Civil Liability. Amend RSA 508
2 by inserting after section 17-a the following new section:

3 508:17-b Emergency Obstetrical Care; Immunity From Civil Liability. A physician, advanced
4 practice registered nurse, midwife, or physician assistant credentialed to provide obstetrical care
5 who renders emergency obstetrical care in a licensed health care facility to a female where the
6 female has not previously been cared for in connection with the pregnancy by such physician,
7 midwife, physician assistant, or advanced practice registered nurse shall not be liable for any
8 damages or injuries caused by conduct prior to the rendering of the emergency obstetrical care.

9 2 Effective Date. This act shall take effect January 1, 2012.

Amendments

Sen. Gallus, Dist. 1
February 15, 2011
2011-0338s
01/04

Amendment to SB 108

1 Amend RSA 329:25-b as inserted by section 1 of the bill by replacing it with the following:

2

3 329:25-b Emergency Obstetrical Care; Immunity From Civil Liability. A physician credentialed
4 to provide obstetrical care who renders emergency obstetrical care in a licensed health care facility to
5 a female where the female has not previously been cared for in connection with the pregnancy by
6 such physician, person in the group practice, a midwife, physician assistant or advanced registered
7 nurse practitioner with whom the physician has an agreement to attend the labor and delivery, shall
8 not be liable for any damages or injuries caused by conduct prior to the rendering of the emergency
9 obstetrical care.

Sen. Houde, Dist. 5
February 17, 2011
2011-0388s
01/09

Amendment to SB 108

1 Amend the bill by replacing section 1 with the following:

2

3 1 New Section; Emergency Obstetrical Care; Immunity From Civil Liability. Amend RSA 508
4 by inserting after section 17 the following new section:

5 508:17-a Emergency Obstetrical Care; Immunity From Civil Liability. A physician, advanced
6 practice registered nurse, midwife, or physician assistant credentialed to provide obstetrical care
7 who renders emergency obstetrical care in a licensed health care facility to a female where the
8 female has not previously been cared for in connection with the pregnancy by such physician,
9 midwife, physician assistant, or advanced practice registered nurse shall not be liable for any
10 damages or injuries caused by conduct prior to the rendering of the emergency obstetrical care.



2011-0388s

AMENDED ANALYSIS

This bill grants immunity to physicians, advanced practice registered nurses, midwives, or physician assistants who render emergency care to pregnant women under certain circumstances.



Amendment to SB 108

1 Amend the bill by replacing section 1 with the following:

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6 practice registered nurse, midwife, or physician assistant credentialed to provide obstetrical care
7 who renders emergency obstetrical care in a licensed health care facility to a female where the
8 female has not previously been cared for in connection with the pregnancy by such physician,
9 midwife, physician assistant, or advanced practice registered nurse shall not be liable for any
10 damages or injuries caused by conduct prior to the rendering of the emergency obstetrical care.



2011-0417s

AMENDED ANALYSIS

This bill grants immunity to physicians, advanced practice registered nurses, midwives, or physician assistants who render emergency care to pregnant women under certain circumstances.

Committee Minutes

AMENDED
SENATE CALENDAR NOTICE
JUDICIARY

Printed: 02/01/2011 at 1:50 pm

Senator Matthew Houde Chairman
Senator Sharon Carson V Chairman
Senator Fenton Groen
Senator Jim Luther

For Use by Senate Clerk's Office ONLY	
<input type="checkbox"/>	Bill Status
<input type="checkbox"/>	Docket
<input type="checkbox"/>	Calendar
Proof: <input type="checkbox"/>	Calendar <input type="checkbox"/> Bill Status

Date: February 1, 2011

HEARINGS

Thursday

2/10/2011

JUDICIARY

LOB 101

1:00 PM

(Name of Committee)

(Place)

(Time)

EXECUTIVE SESSION MAY FOLLOW

Comments: THE PURPOSE OF THIS CALENDAR NOTICE IS TO ADD SB 108 AT 2:00 P.M.

1:00 PM	SB34-FN	relative to orders of notice in cases involving guardianship of minors.
1:15 PM	SB30	relative to including a parent's residence in the parenting plan.
1:30 PM	SB12-FN	relative to screening panels for medical injury claims.
1:45 PM	SB17	relative to evidence of admissions in medical injury actions.
2:00 PM	SB108 ✓	relative to emergency obstetrical care.

Sponsors:

SB34-FN

Sen. Matthew Houde

Rep. Gregory Sorg

SB30

Sen. David Boutin

Rep. Frank Kotowski

Rep. Joe Duarte

Rep. Todd Smith

Sen. Tom De Blois

Sen. Lou D'Allesandro

SB12-FN

Sen. Jeb Bradley

Sen. Matthew Houde

SB17

Sen. Jeb Bradley

SB108

Sen. John Gallus

Sen. Jeb Bradley

Sen. Molly Kelly

Sen. Tom De Blois

Rep. Laurie Pettengill

Rep. Gene Chandler

Susan Duncan 271-8631

Sen. Matthew Houde

Chairman

Judiciary Committee

Hearing Report

TO: Members of the Senate

FROM: Susan Duncan, Senior Legislative Aide

RE: Hearing report on SB 108 – relative to emergency obstetrical care.

HEARING DATE: February 10, 2011

MEMBERS OF THE COMMITTEE PRESENT: Senators Houde, Carson, Groen and Luther

MEMBERS OF THE COMMITTEE ABSENT: No one

Sponsor(s): Senators Gallus, Bradley, Kelly and De Blois with Representatives Pettengill and Chandler

What the bill does: This bill grants immunity to physicians who render emergency care to pregnant women under certain circumstances.

Who supports the bill: Senator Gallus; Senator Kelly; Representative Chandler; Barry Smith, M.D., on behalf of the NH Medical Society; Gina Balkus on behalf of Dartmouth-Hitchcock; Leslie Melby on behalf of the NH Hospital Association

Who opposes the bill: Attorney Kevin Dugan on behalf of the NH Association for Justice;

Summary of testimony received:

- Senator Houde opened the hearing at 2:25 p.m. and called on the prime sponsor.
- Senator Gallus testified that the purpose is to improve access to obstetrical care, especially in lower population places where it is almost impossible to attract OB care. He spoke of the Upper Valley, Weeks and Androscoggin Hospitals which are 30, 40 or 50 miles apart.
- Senator Gallus told that the rates generally for an obstetrician/gynecologist can be \$55,000 to \$77,000 each year – but if there is any claim, then the malpractice insurance costs jump to over \$100,000 annually.

- He explained that the driving desire with this legislation is to provide obstetrical coverage and talked about when women do not have access to prenatal care then physicians who provide emergency care at delivery should not be held liable for damages for conduct prior to the emergency.
- Dr. Barry Smith, an Obstetrician/Gynecologist at Dartmouth-Hitchcock Medical Center testified in support of the legislation. He noted that usually obstetrical care goes smoothly, but that there can be unexplained or unrecognized complications. He noted that the most important concern should always be the health and safety of the mother and baby – but that the fear of litigation can dampen doctor's involvement in very negative ways. He commented that this can often be an issue in smaller, rural hospitals.
- He suggested that the bill would be strengthened if it included emergency care of any acute obstetrical emergency by any hospital based obstetrical provider, even if the patient was not in active labor. He spoke of examples such as someone visiting from another state who begins to bleed heavily from a separating placenta who would need delivery – or a patient who is examined at home by a lay midwife who accidentally pushes her finger into the placenta previa, causing severe bleeding which would require surgery; or a patient who delivers outside of a hospital and experiences severe post partum hemorrhage which requires surgery.
- He also felt that it is important that perhaps any obstetrical provider should be covered – a nurse, nurse practitioner or nurse midwife – be included as the team who provides care should be covered.
- Senator Luther, in referencing the scenarios previously given, asked what happens here in NH when patients come in from other countries. Dr. Smith responded that the patient becomes a patient of that provider but noted the concern with no records and that if something goes wrong, then folks forget about the other call. He said that physicians do the best they can when the patients show up.
- Senator Houde noted for the record that Dr. Smith and his mother (former Representative Charlotte Houde Quimby) worked together for many years at Dartmouth-Hitchcock. He said that he didn't feel that it's a conflict of interest but did want it part of the record.
- Senator Houde asked if the desire here is to be able to provide emergency, acute treatment in the 11th hour – and that that the provider would be not be immune from liability for their own actions if there was severe negligence. Dr. Smith agreed and noted that a logical person could separate the two.
- Senator Groen asked what would be the consequences of not passing this legislation and would it be an inhibitor. Dr. Smith responded that it is getting harder and harder to recruit providers and told of obstetrical services that have closed in the last three years.

- Senator Groen asked if the passage of this bill would have helped prevent OB closures. Dr. Smith responded “not necessarily.” He said that for many practitioners their liability insurance premiums went up so high that it became a real problem.
- Attorney Kevin Dugan testified in opposition. He said that the problems in the North Country have been going on for many, many years. He said that the same bill was introduced back in 2003 and was killed by the House Judiciary Committee. He also commented that part of the “sell” on the med/mal panels was to help with OB care in the North Country – but it hasn’t happened.
- He said that there is no problem with the first part of the bill as it merely restates current law – that they cannot be held liable for care they did not provide. He said that their objection is the second sentence as it could be read to provide complete immunity – that even if the care were provided negligently, it could be read to provide immunity.
- Senator Houde asked for clarification. Attorney Dugan responded that the sentence says that there is immunity for the emergency care. He noted that if it could be redrafted, they would be okay.
- Senator Luther asked what would this wording look like.
- Attorney Dugan responded that the fear is an injury that occurred prior to that doctor coming onto the scene. In response to Senator Luther, he suggested just taking out the second sentence and this would provide the clarity that they are talking about.
- Senator Houde closed the hearing.

Funding: Not applicable.

Future Action: The Committee took the bill under consideration.

sfd

[file: SB 108 report]

Date: February 15, 2011

Speakers

SENATE JUDICIARY COMMITTEE

Date: February 10, 2011 Time: 2:00 p.m.. Public Hearing on

SB 108 -- relative to emergency obstetrical care.

Please check box(es) that apply:

Please check if

SPEAKING FAVOR OPPOSED

NAME (Please print)

REPRESENTING

Rep Gene Chandler Carroll DIST #1

Testimony

Feb 10, 2011

To: Members of the Judiciary Committee NH Senate

From: Barry D Smith, MD

Topic: SB 108 "a bill to grant immunity to physicians who render emergency care to pregnant women under certain circumstances."

Mr. Chairman and members of the Committee, for the record my name is Barry Smith. I am an Obstetrician and Gynecologist who has practiced in NH for forty years at Dartmouth Hitchcock Medical Center in Lebanon and at other Dartmouth Hitchcock sites in NH. I formerly served as the Chair of the Department of Obstetrics and Gynecology for many years. Since retirement from that position I have been the co-director of an Obstetrics Patient Safety, Quality Improvement and Risk Management program at Dartmouth. I also served as the Chair of the District I, New England, Patient Safety and Quality Improvement Committee of the American College of Obstetricians and Gynecologists until a few months ago. I currently serve on the ACOG national task force developing a plan to make obstetrical care as safe as possible.

I am here to speak in support of SB 108. Obstetrical care usually goes smoothly if the patient has received good prenatal and labor care. However, complications can suddenly happen. Emergency care in obstetrics for an unexpected or unrecognized complication can be a very dramatic and frightening experience for all who are involved. The most important concern should be the best outcome possible for mother and baby.

Unfortunately liability fear has affected the practice of obstetrics in very negative ways. There is no place for fear or panic in the proper care of an obstetrical emergency yet the fear of harassing litigation is often the elephant in the room. This can especially be an issue in some of our smaller, rural hospitals where complications are seen less frequently and in house resources are less readily available.

This bill would serve the best interests of patients and obstetrical providers by removing some of that anxiety and letting the care proceed in the most efficient way possible.

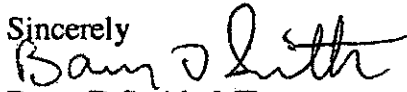
I would suggest that the bill could be strengthened if it includes emergency care for any acute obstetrical emergency by any hospital based obstetrical provider even if the patient was not in active labor. Examples of this situation would be:

1. A patient who is visiting the area from another region and begins to bleed heavily from a separating placenta who needs delivery. The patient would have arrived for the care without labor but the care could result in a cesarean delivery, severe hemorrhage or even a hysterectomy.
2. A patient is examined at her home or a birthing center by a lay midwife who inadvertently pushes her finger into a placenta previa, a placenta that is covering the cervical opening and is ahead of the babies' head. This could again result in severe bleeding requiring surgery.

3. A patient who delivers her baby outside the hospital, but has a severe post partum hemorrhage requiring surgery.
All three of these situations could result in maternal death and would not be covered by this bill as it is written.

I therefore strongly support passage of the bill with amendment.

Sincerely



Barry D Smith, MD

Barry D. Smith, MD
Professor of Obstetrics and Gynecology, Emeritus
Chairman Emeritus
Dartmouth Hitchcock Medical Center
One Medical Center Drive
Lebanon NH 03756-0001

**Public Testimony by Lori Nerbonne, NH Patient Voices
Senate Bill 17 (Limiting Testimony in Med. Mal Trials)
February 10, 2011**

Good Afternoon. My name is Lori Nerbonne. I am a registered nurse and Co-founder of NH Patient Voices in Bow, NH. I am here today to oppose this bill on behalf of the increasing numbers of patients who are suffering physical, emotional and financial hardships from their injuries.

We oppose Senate Bill 17 because it provides an unnecessary level of protection to providers at the expense of injured patients.

_New Hampshire already has an "I'm Sorry Law" that offers this protection to providers.

_We also have a 3 person medical malpractice panel that has resulted in more obstacles for patients who seek justice for their injuries by incurring more up-front legal costs and delaying the judicial process.

_The very places we go to get well again have turned out to be one of the leading causes of death in America. National estimates are that at least 250,000 peoples lives a year are at stake from preventable medical injuries and infections.

_Creating more obstacles for injured patients to access the judicial system or receive a fair trial only shifts the costs of these injuries from medical malpractice insurance funds to employers and/or taxpayers

_Injured patients often face serious financial consequences. As you know, we don't offer "patient protection insurance" like we do for injured employees that receive workers compensation. Very often patients have no alternative but to access employer- based or public assistance programs like short & long term disability, Medicaid, catastrophic illness funds, social security disability, or unemployment benefits, some of which are only available after the patient has exhausted their personal savings.

_Medical malpractice lawsuits as well as total payouts in New Hampshire have declined since 1997. This in part, explains the large surplus in the state medical malpractice fund that has been in the news lately. So why is more provider protection necessary at the expense of patients?

_Solving the problem of medical malpractice or facility management malpractice should be met with well-researched solutions that serve to *decrease malpractice and patient injuries, and to quickly and justly compensate injured patients. We oppose this bill because it doesn't accomplish these important goals.*

New Hampshire Physician Malpractice Payments, by Year

Year original report processed	N	Sum	Maximum	Minimum	Median	Mean
Sept 1 - Dec 31 1990	4	\$436,250	\$245,000	\$8,750	\$91,250.00	\$109,062.50
1991	45	\$5,941,250	\$835,000	\$2,500	\$47,500.00	\$132,027.78
1992	42	\$13,827,250	\$1,650,000	\$1,500	\$85,000.00	\$329,220.24
1993	74	\$18,064,500	\$995,000	\$1,500	\$145,000.00	\$244,114.86
1994	77	\$16,402,000	\$995,000	\$4,500	\$135,000.00	\$213,012.99
1995	50	\$9,742,000	\$1,050,000	\$4,500	\$125,000.00	\$194,840.00
1996	65	\$12,717,250	\$995,000	\$1,500	\$125,000.00	\$195,650.00
1997	49	\$20,191,250	\$3,450,000	\$2,500	\$125,000.00	\$412,066.33
1998	57	\$11,792,500	\$1,050,000	\$6,250	\$135,000.00	\$206,885.96
1999	42	\$10,767,250	\$995,000	\$3,500	\$185,000.00	\$256,363.10
2000	64	\$16,799,500	\$1,350,000	\$4,500	\$110,000.00	\$262,492.19
2001	59	\$17,852,500	\$1,050,000	\$1,500	\$175,000.00	\$302,584.75
2002	42	\$16,601,250	\$1,550,000	\$6,250	\$245,000.00	\$395,267.86
2003	54	\$13,257,500	\$975,000	\$2,500	\$245,000.00	\$245,509.26
2004	46	\$14,427,500	\$1,350,000	\$12,500	\$235,000.00	\$313,641.30
2005	57	\$20,191,250	\$1,450,000	\$8,750	\$245,000.00	\$354,232.46
2006	39	\$13,014,500	\$975,000	\$4,500	\$295,000.00	\$333,705.13
2007	45	\$17,682,500	\$2,750,000	\$12,500	\$245,000.00	\$392,944.44
2008	50	\$19,568,500	\$1,350,000	\$3,500	\$280,000.00	\$391,370.00
2009	54	\$13,526,250	\$995,000	\$8,750	\$190,000.00	\$250,486.11
Jan 1 - Jun 30 2010	30	\$11,842,500	\$1,450,000	\$37,500	\$280,000.00	\$394,750.00
Total	1045	\$294,645,250	\$3,450,000	\$1,500	\$175,000.00	\$281,957.18

Calculations from the Nation Practitioner Data Bank Public Use Data File of June 30, 2010 by Robert E. Oshel, Ph.D, Associate Director for Research and Disputes, National Practitioner Data Bank (Retired).

Additional Notes from Dr. Robert Oshel's data report:

<http://www.statehealthfacts.org/comparemaptable.jsp?ind=429&cat=8>

New Hampshire had 4,974 non-federal physicians in 2009. Using that number, about only 2.49% of New Hampshire's physicians are responsible for over half of the dollars paid for malpractice! However, since physicians left practice and new physicians entered practice over the almost 20 years represented by the payment data, the actual percent of all the physicians practicing in the state at some point during the period who are responsible for over half of all the payment dollars would be even lower

Note especially that there has been extremely limited action against the licenses or clinical privileges of these physicians.

A total of about \$14,527,4500 (numbers rounded in the NPDB Public Use File) was paid during the specified period for malpractice cases in which the state was New Hampshire. 765 physicians had one or more payments. Only 124 of these physicians were responsible for just over half of all the dollars paid (about \$145,597,625). Only 11 of the 124 physicians had an action in New Hampshire against their license, and only 5 of them (not necessarily the same physicians) had had any action against their clinical privileges by a New Hampshire facility.

Citations:

Calculations from the Nation Practitioner Data Bank Public Use Data File of June 30, 2010 by Robert E. Oshel, Ph.D, Associate Director for Research and Disputes, National Practitioner Data Bank (Retired).

Committee Report

STATE OF NEW HAMPSHIRE
SENATE
REPORT OF THE COMMITTEE

Date: February 17, 2011

THE COMMITTEE ON Judiciary

to which was referred Senate Bill 108

AN ACT relative to emergency obstetrical care..

Having considered the same, the committee recommends that the Bill:

OUGHT TO PASS WITH AMENDMENT

BY A VOTE OF: 3 - 1

AMENDMENT # 0417s

Senator Matthew Houde
For the Committee

Susan Duncan 271-8631

New Hampshire General Court - Bill Status System

Docket of SB108

Docket Abbreviations

Bill Title: relative to emergency obstetrical care.*Official Docket of SB108:*

Date	Body	Description
1/19/2011	S	Introduced and Referred to Judiciary, SJ 3 , Pg.36
2/1/2011	S	Hearing: 2/10/2011, Room 101, LOB, 2:00 p.m.; SC10
2/23/2011	S	Committee Report: Ought to Pass with Amendment # 2011-0417s , 3/9/11; SC14
3/9/2011	S	Committee Amendment 0417s, AA, VV; SJ 8 , Pg.91
3/9/2011	S	Ought to Pass with Amendment 0417s, MA, VV; OT3rdg; SJ 8 , Pg.91
3/9/2011	S	Passed by Third Reading Resolution; SJ 8 , Pg.99
3/16/2011	H	Introduced and Referred to Judiciary; HJ 28 , Pg.882
3/29/2011	H	Public Hearing: 4/7/2011 10:00 AM LOB 208
5/5/2011	H	Subcommittee Work Session: 5/10/2011 1:30 PM LOB 208
5/10/2011	H	Executive Session: 5/24/2011 11:00 AM LOB 208 ==TIME CHANGE (Orig 10:00 AM)==
5/26/2011	H	Committee Report: Inexpedient to Legislate for June 1 (Vote 15-0; CC); HC 43 , PG.1497
6/1/2011	H	Inexpedient to Legislate: MA VV

NH House

NH Senate

Other Referrals

COMMITTEE REPORT FILE INVENTORY

ORIGINAL REFERRAL RE-REFERRAL

1. THIS INVENTORY IS TO BE SIGNED AND DATED BY THE COMMITTEE AIDE AND PLACED INSIDE THE FOLDER AS THE FIRST ITEM IN THE COMMITTEE FILE.
2. PLACE ALL DOCUMENTS IN THE FOLDER FOLLOWING THE INVENTORY IN THE ORDER LISTED.
3. THE DOCUMENTS WHICH HAVE AN "X" BESIDE THEM ARE CONFIRMED AS BEING IN THE FOLDER.
4. THE COMPLETED FILE IS THEN DELIVERED TO THE CALENDAR CLERK.

- DOCKET (Submit only the latest docket found in Bill Status)
- COMMITTEE REPORT
- CALENDAR NOTICE
- HEARING REPORT
- PREPARED TESTIMONY AND OTHER SUBMISSIONS HANDED IN AT THE PUBLIC HEARING

SIGN-UP SHEET(S) (2)

ALL AMENDMENTS (passed or not) CONSIDERED BY COMMITTEE:

- | | |
|--|--|
| <input checked="" type="checkbox"/> - AMENDMENT # <u>0338s</u> | <input checked="" type="checkbox"/> - AMENDMENT # <u>0417s</u> |
| <input checked="" type="checkbox"/> - AMENDMENT # <u>0388s</u> | <input type="checkbox"/> - AMENDMENT # _____ |

ALL AVAILABLE VERSIONS OF THE BILL:

- | | |
|---|--|
| <input checked="" type="checkbox"/> AS INTRODUCED | <input type="checkbox"/> AS AMENDED BY THE HOUSE |
| <input type="checkbox"/> FINAL VERSION | <input checked="" type="checkbox"/> AS AMENDED BY THE SENATE |

OTHER (Anything else deemed important but not listed above, such as amended fiscal notes):

Ø

DATE DELIVERED TO SENATE CLERK

7/21/11

By:

Suzanne A. Deacon
COMMITTEE AIDE